MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11461

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill, (Rural) LENGTH OF STAY (in this place) all her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Rural - Bay road. 2½ miles Snow Hill

3. NAME OF DECEASED (Type or Print) (First) Barbara (Middle) Anne (Last) Baines
4. DATE OF DEATH (Month) Nov (Day) 23 (Year) 1951
5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June 18-1951
9. AGE last birthday yrs. If under 1 year Months 5 Days 5 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) all home
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A. (Former)
13. FATHER'S NAME David Isaac Baine
14. MOTHER'S MAIDEN NAME Martha Dorothy Hamans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Mother — Snow Hill Md. Route 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Probably — Congestion of Lungs — INTERVAL BETWEEN ONSET AND DEATH (?)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cold —

(c)

493X

109

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. W. E. Sartorius (Degree or title) Dep. Med. Exam. ADDRESS Pocomoke City Md. DATE SIGNED 11/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/24/51
NAME OF CEMETERY OR CREMATORY Mt Wesley Ce
LOCATION (City, town, or county) Snow Hill (State) Md
DATE REC'D BY LOCAL REG. 11/24/51
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Ellay E. Dennis ADDRESS Snow Hill Md

4061812954 03

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 28
BUREAU V. S.

11462

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin Rural #3
LENGTH OF STAY (In this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin Rural #3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Earlie (Middle) S. (Last) Blake
4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 1951
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 4 - 1906
9. AGE last birthday 45/8/22 If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Rented
11. BIRTHPLACE (State or foreign country) Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Blake
14. MOTHER'S MAIDEN NAME Millie Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Alice M. Blake Berlin, Md Rural #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Bronchitis

(c)

422.2

93d

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unsanitary conditions

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Berlin Worcester
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to Nov 16, 1951, that I last saw the deceased alive on Nov 16, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE Chas. R. Law (Degree or title) ADDRESS Berlin Md DATE SIGNED Nov 27-1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 29/51
NAME OF CEMETERY OR CREMATORY Mt Wesley
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 11-29-51
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Alex Simms Snow Hill ADDRESS Md

100 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC. 3. 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11463

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke, Md.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Labor Camp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Suwanee
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Live Oak, Florida
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Arthor (Middle) Willie (Last) Butler

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 6, 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bailey Butler

14. MOTHER'S MAIDEN NAME: Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Lost

17. INFORMANT AND ADDRESS: Mary Butler Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — Interval between onset and death: 9 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Oct, 1951, to 6 Nov, 1951, that I last saw the deceased alive on 6 Nov, 1951, and that death occurred at 5 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Chincoteague Va. DATE SIGNED 7 Nov 51

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 11/9/51

NAME OF CEMETERY OR CREMATORY: Melbourne Cemetery

LOCATION (City, town, or county) (State): Melbourne Florida

DATE REC'D BY LOCAL REG.: Nov. 8, 1951

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR: Edgar Ulhorton ADDRESS New Church, Va.

920-11

RECEIVED
NOV 13 1951
BUREAU V. S.

11464

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hillary (Middle) (Last) Collins
4. DATE OF DEATH (Month) Nov. (Day) 27 (Year) 1951
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 8/1871
9. AGE last birthday 80/5/19 — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Rented
11. BIRTHPLACE (State or foreign country) Pocomokeley, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Collins
14. MOTHER'S MAIDEN NAME Catherine Purnell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Lydia Brown, Snow Hill, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral apoplexy	2 day
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular Arteriosclerotic Renal disease	unknown
131a	(c) Acute bronchitis	1 wk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 17, 1951, to Nov 27, 1951, that I last saw the deceased alive on Nov 27, 1951 and that death occurred at 3.00 P m., from the causes and on the date stated above.

SIGNATURE Paul Owen (Degree or title) ADDRESS Snow Hill, Md DATE SIGNED 11/28/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 30/51
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 11/28/51
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alay Edmonds ADDRESS Snow Hill, Md

100 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3, 1951
BUREAU V. S.

Item 8 FilmG137 12/11/51 whw

MARYLAND STATE DEPARTMENT OF HEALTH 11465

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home	STREET ADDRESS (If rural, give location) Pocomoke city, Maryland

3. NAME OF DECEASED (Type or Print) (First) Norvel (Middle) Henry (Last) Coston — 4. DATE OF DEATH (Month) Nov. (Day) 28 (Year) 1951

5. SEX Male — 6. COLOR OR RACE Col. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH May 13, 1874 84 — 9. AGE last birthday 67 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor — 10b. KIND OF BUSINESS OR INDUSTRY Farm — 11. BIRTHPLACE (State or foreign country) Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Henry Coston — 14. MOTHER'S MAIDEN NAME Harriet Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 215-03-8837c — 17. INFORMANT AND ADDRESS Pocomoke, md. Edward Drummond

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 4 weeks

332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Unknown

93d (c) Right - Hemiplegia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Heart Disease

19a. DATE OF OPERATION none — 19b. MAJOR FINDINGS OF OPERATION none — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1951, to Nov 28, 1951, that I last saw the deceased alive on Nov. 27, 1951, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvine M. Bradford, MD — ADDRESS 508 - 5th Ave Pocomoke, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12/2/51 — NAME OF CEMETERY OR CREMATORY Hall Hill cemetery — LOCATION (City, town, or county) (State) Pocomoke city, Md.

DATE REC'D BY LOCAL REG. Dec. 2, 1951 — REGISTRAR'S SIGNATURE Anne E. White — 24. FUNERAL DIRECTOR Edgar K. Mihaeta — ADDRESS new church

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 353

M (C) The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bishop; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bishop; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Glory (Middle) Dean (Last) Drummond

4. DATE OF DEATH: (Month) November (Day) 10 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 26 Sept. '51

9. AGE last birthday: 0 yrs. If under 1 year: Months 1, Days 15, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Wesley Lee Wheels

14. MOTHER'S MAIDEN NAME: Naomi Sarah Drummond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Broncho-pneumonia	1 day
431 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107	(b)	Atrophy sec to malnutrition	5 weeks
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marasmus — 5 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Hermond Roberts M.D. ADDRESS: Berlin, Md. DATE SIGNED: 11-10-51

23. BURIAL, CREMATION REMOVAL (Specify): Buried | DATE THEREOF: 11/10/51 | NAME OF CEMETERY OR CREMATORY: Long's Cemetery | LOCATION (City, town, or county): Delmar | (State): Del.

DATE RECD. BY LOCAL REG. 11/9/51 | REGISTRAR'S SIGNATURE: Mrs H. Roy Bergey | 24. FUNERAL DIRECTOR: Henry H. Watson | ADDRESS: Pocomoke City, Md.

VS. A15A

NOV

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11467

CERTIFICATE OF DEATH

Reg. Dist. No. 353

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville
LENGTH OF STAY (In this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopville
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Elizabeth (Last) Hancock.
4. DATE OF DEATH: (Month) Nov. (Day) 4 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: April 3, 1871
9. AGE last birthday: 80 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Palmer
14. MOTHER'S MAIDEN NAME: Ellen Savage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr Clarence Vickers, Bishopville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation — 1 mo.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio-Vasc. Disease — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

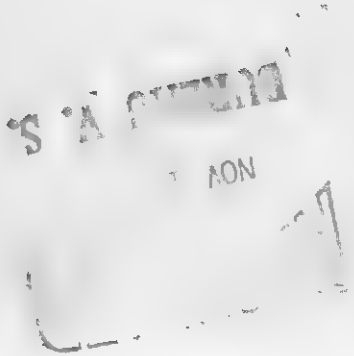
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1946, to Nov 4, 1951, that I last saw the deceased alive on Nov 3, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
Robert S. Long — M.D. — Frankford Del — 11-7-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Nov. 6, 1951
NAME OF CEMETERY OR CREMATORY: Hill
LOCATION (City, town, or county) (State): Bishopville Md.

DATE RECD BY LOCAL REG. 11/5/51
REGISTRAR'S SIGNATURE: Miss N Roy, Deputy
24. FUNERAL DIRECTOR: Victor Whaley — ADDRESS: Selbyville, Del.



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11468

Reg. Dist. No. 354

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sandra (Middle) Lee (Last) Harris

4. DATE OF DEATH (Month) Nov (Day) 18 (Year) 1951

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH May 14 1951
9. AGE last birthday yrs. If under 1 year Months 6 Days 4 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Harrison Harris
14. MOTHER'S MAIDEN NAME Irene Tull.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Irene Tull — Stockton Md (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) (Probably) Broncho-Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Measles (?) + chest cold.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Trip to Salisbury day before death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE Dr N. E. Sartorius (Degree or title) Dep Med Exam ADDRESS Socomoke City Md DATE SIGNED 11/19/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 19 1951
NAME OF CEMETERY OR CREMATORY Home Beneficial Cemetery
LOCATION (City, town, or county) Stockton Md (State)

DATE REC'D BY LOCAL REG. Nov. 19 1951
REGISTRAR'S SIGNATURE Mary M. Taylor
24. FUNERAL DIRECTOR Elsie Bennett ADDRESS Stockton Md

4/4/19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 26 19
BUREAU V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Hill
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 Federal st.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Hill
STREET ADDRESS (If rural, give location) 607 Federal st.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Rebecca (Last) Hearn
4. DATE OF DEATH (Month) Nov. (Day) 26 (Year) 51
5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 2-1870
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) R.D. Salisbury Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Minor Hammond
14. MOTHER'S MAIDEN NAME Mahala Wyatt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Joseph G. Hammond (Brother) 706 E. Church st. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

421.4 12d

INTERVAL BETWEEN ONSET AND DEATH 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anaemia 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 41, to Nov 26 51, 19....., that I last saw the deceased alive on Aug ....., 19 51, and that death occurred at about 7 P. m., from the causes and on the date stated above.

SIGNATURE Hiram K Mann Sr. (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 11/27/51

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Nov. 29-51
NAME OF CEMETERY OR CREMATORY Forest Grove Cem
LOCATION (City, town, or county) New Hampshire Md (State)
DATE REC'D BY LOCAL REG. 11/28/51
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR [illegible] Salisbury Md ADDRESS
Walter R. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH [illegible]

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke — LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Belden Restorium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural, give location): 821 Second St.

3. NAME OF DECEASED (Type or Print): (First) MINTY (Middle) ELLA (Last) McGEE
4. DATE OF DEATH (Month) (Day) (Year): Nov. 27, 1951 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct 25, 1871
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Sales Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Dep't Store
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Levin J. McGee
14. MOTHER'S MAIDEN NAME: Mary Ellen Pride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Helen Atkinson, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — ?

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 9th

(b) Arteriosclerosis, Generalized, marked — many years

(c) Hypertensive C-V-Disease — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertrophic Arthritis most marked hip & knee joints.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1956, to Nov 13, 1957, that I last saw the deceased alive on Nov. 13, 1957, and that death occurred at 7:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Norman E. Sartorius, DO — ADDRESS: Pocomoke, Md — DATE SIGNED: 29 Nov. 57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/29/51 — NAME OF CEMETERY OR CREMATORY: Salem Methodist — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Nov 29 1951 — REGISTRAR'S SIGNATURE: Anne E. White — 24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11471

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishop R.F.D. — LENGTH OF STAY (In this place): 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishop R.F.D.
STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	William	McAlson	Nov.	15	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	White	Married	April 4 1890	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Chicken Plant	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Nicholson	Virginia Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	222-12-3430	Mrs. Mary Nicholson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Edema 2°	5 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive heart failure	1 month
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

ICD: 434.3 / 93e

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1950, to Nov. 15, 1951, that I last saw the deceased alive on Nov. 13, 1951, and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William N Young	M D	Selbyville, Del	Nov 15 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/18/51	Y.C.C.T.	Pocomoke City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/16/51	Mrs Roy Berg	Peter T Healey	Pocomoke City, Md.

9-10-52

NOV 19 1951

MARYLAND STATE DEPARTMRNT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1172

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; LENGTH OF STAY (in this place) most of life; HOSPITAL OR INSTITUTION OR STREET ADDRESS At home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Hamilton (Last) Pitts

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: About 1879

9. AGE last birthday: About 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Handy Pitts

14. MOTHER'S MAIDEN NAME: Nancy Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Charlotte Ellam, Berlin, Md. Route#3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremic poisoning.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar Pneumonia

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-51, 19..., to 11-14-51, 19..., that I last saw the deceased alive on 11-13-51, 19..., and that death occurred at 9.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford E. Talbot M.D. Berlin Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-17-'51

NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

LOCATION (City, town, or county) (State): Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REG.: 11/17/51

REGISTRAR'S SIGNATURE: Helen G Hayward

24. FUNERAL DIRECTOR ADDRESS: James B. Dashiell, Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
LENGTH OF STAY (in this place) about 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS At home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Isabel (Last) Purnell
4. DATE OF DEATH (Month) 11 (Day) 21 (Year) 1951
5. SEX Female
6. COLOR OR RACE A.A.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 1-10-1865
9. AGE last birthday 86 yrs. If under 1 year Months 10 Days 11 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Newark, Worcester Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Erie Collick
14. MOTHER'S MAIDEN NAME Betsy — Collick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs. Emma Foreman, Newark, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy, cerebral — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular arteria — unknown

(c) sclerotic renal disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20, 1951, to 11-21, 1951, that I last saw the deceased alive on 11-21, 1951, and that death occurred at 5.00 P m., from the causes and on the date stated above.

SIGNATURE Paul Chen (Degree or title) ADDRESS Snow Hill Md DATE SIGNED 11-22-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-24-51
NAME OF CEMETERY OR CREMATORY Williams Cemetery
LOCATION (City, town, or county) Newark, Worcester Co. (State) Md.

DATE REC'D BY LOCAL REG. 11/22/51
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR James B. Dashiell, Salisbury, Md. ADDRESS

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11474

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] Pocomoke
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Corrie (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Mar 11 1872
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: [illegible] Mason
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	1 hour
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	3 years.
	(c) Congestive Heart Failure	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949, to Nov. 14, 1951, that I last saw the deceased alive on Nov. 10, 1951, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE: Charles W. Trader (Degree or title) MD — ADDRESS: Pocomoke City Md — DATE SIGNED: 11-15-51

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] — DATE THEREOF: Nov 16 1951 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): [illegible] Md

DATE REC'D BY LOCAL REG.: Nov 16, 1951 — REGISTRAR'S SIGNATURE: Anne E. White — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11475

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Pocomoke — LENGTH OF STAY (In this place): 3 Weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Pocomoke Md.
STREET ADDRESS (If rural give location): —

3. NAME OF [redacted] (Type or Print) (First) Mary (Middle) Lee (Last) Robertson

4. DATE OF DEATH (Month) Nov (Day) 13 (Year) 1951

5. SEX: Female — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: Oct 19-1951 — 9. AGE last birthday: — yrs. — If under 1 year: Months, Days 24 days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wake Robertson — 14. MOTHER'S MAIDEN NAME: Lida Mae McBride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT: Mattie Teagle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Labar Pneumonia — 1 wk.

763.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Infancy — 24 days

108 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11 1951, to Nov 13 1951, that I last saw the deceased alive on Nov. 13, 1951, and that death occurred at 11 A.M. m., from the causes and on the date stated above.

SIGNATURE: Louis G. Llewelyn (Degree or title) M.D. — ADDRESS: Pocomoke City, Md — DATE SIGNED: 11/14/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 15-1951 — NAME OF CEMETERY OR CREMATORY: Genonville Cemetery — LOCATION (City, town, or county): Rural Pocomoke (State) Md.

DATE REC'D BY LOCAL REG.: Nov. 15, 1951 — REGISTRAR'S SIGNATURE: Anne E. White — 24. FUNERAL DIRECTOR: Henry L. Watson — ADDRESS: Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11476

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) Thomas (Last) Steen

4. DATE OF DEATH (Month) Nov. (Day) 12 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH May 28-1913
9. AGE last birthday 38/5/14 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sewing Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY Pants Factory
11. BIRTHPLACE (State or foreign country) Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas W. Short
14. MOTHER'S MAIDEN NAME Ella Tubbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-05-3784
17. INFORMANT AND ADDRESS Mr Howard Steen Snow Hill Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Cervix — INTERVAL BETWEEN ONSET AND DEATH 1 yr

171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

48a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1951, to Nov 12, 1951, that I last saw the deceased alive on Nov 11, 1951, and that death occurred at 9.30 A m., from the causes and on the date stated above.

SIGNATURE Paul Cohen (Degree or title) ADDRESS Snow Hill DATE SIGNED Nov 12, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 14/51
NAME OF CEMETERY OR CREMATORY Spruce Baptist
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 11/14/51
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Wm E Timmis Snow Hill ADDRESS Md

670-VVV

RECEIVED
NOV 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 11477

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville
STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Clarence (Last) Whaley

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1951

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: absent

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Whaleyville

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Whaley

14. MOTHER'S MAIDEN NAME: Jane Whaley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Peter Dale Whaleyville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10-51, 19..., to 11-25-51, 19..., that I last saw the deceased alive on 11-22-51, 19..., and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clifford E. Robertson Berlin Md. — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/28/51 — NAME OF CEMETERY OR CREMATORY: Storm Hill Hill — LOCATION (City, town, or county) (State): Whaleyville Md.

DATE REC'D BY LOCAL REG.: 11-26-51 — REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR — ADDRESS: Peter Whaley Whaleyville, Md.

970-116

RECEIVED
NOV 28 1951
BUREAU V. S.